

## PART B - FEE(S) TRANSMITTAL

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JUN 04 2009

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CHERSKOV & FLAYNIK  
 THE CIVIC OPERA BUILDING  
 20 NORTH WACKER DRIVE, SUITE 1447  
 CHICAGO, ILLINOIS 60606

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06/04/2009 INTEFSW 00010293 10590616

01 FC:2501  
 02 FC:1504

755.00 0P  
 300.00 0P

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/590,616	05/08/2007	Kevin Howitt	078-01889	2246

### TITLE OF INVENTION:

EMERGENCY EVACUATION APPARATUS FOR A BED-RIDDEN PERSON

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	0	0	0	07/30/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS		
WILSON, BRITTANY M.		3673	005-61300		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1. <b>CHERSKOV &amp; FLAYNIK</b> 2. 3.	

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
 RESCUE-BED LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
 Leisicester, UK

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number
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5. Change in Entity Status (from status indicated above) <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature /Szymon M. Gurda/

Date June 4, 2009

Typed or printed name Szymon M. Gurda

Registration No. 58,451

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